RFIC Non-Employees

BERKELEY LAB | Lawrence Berkeley National Laboratory | Office of the **Chief Financial Officer**

Request for Issuance of Check (RFIC) For Payments to Nonemployees Form

To: Controller's Office - Nonemployee Payments
Mailstop 971 – PR

Recipient's name:	**Date:** (MM/DD/YYYY)
UC employee? ☐ Yes ☐ No - If Yes, provide campus location_____	

Home address:

Mailing address:

Email address:

Payment type (*select one from list below*):

1. ☐ **Honorarium**

2. ☐ **CSEE Program**

3. ☐ **Fellowship** (*indicate fellowship type from list below*):
   ☐ **Student Fellowship**
   ☐ **LBNL Formal Fellowship Program**
   ☐ **NIH/NSRA Fellowship**

☐ **New or renewal**
☐ **Change -** *Effective date _____*

☐ **For initial requests only, attach IRS W-9 for US citizens and Lawful Permanent Residents (LPRs)**

For fellowship recipients, was personal travel paid or reimbursed on their behalf? ☐ Yes ☐ No
If Yes, provide travel dates - From _____ To _____

Program name:

Payment justification:

Frequency (*select one*):

☐ **One time/Amount $_____**   ☐ **Recurring payments From _____ To _____ / Monthly $_____**

Total fellowship $_____ (sum of recurring payments)

Project ID	Resource Category	For Accounting Use Only		
		Tax Type	**Tax Rate (%)**	**Tax Amount ($)**
			Net Payment	$

PAYMENT TYPE	APPROVAL AUTHORITY			
	Business Manager	**Division Director***	**Associate Laboratory Director***	**Laboratory Director***
Fellowship (*Total amount*)	Per Signature Authorization System (SAS)			n/a
Honoraria	Up to and including $500 with delegation of authority in writing	Up to and including $500	Over $500 up to and including $1,500	Over $1,500 up to and including $3,000

Requestor: (*print*)	**Phone no.:**	**Division approver:** (*print*)	☐ **Designee**
Point of contact: (*print*)	**Phone no.:**	**Division approver:** (*signature*)	**Date:**
Controller's Office approver: (*print*)		**Controller's Office approver:** (*signature*)	**Date:**

*Or designee (in writing)

Rev. June 2012